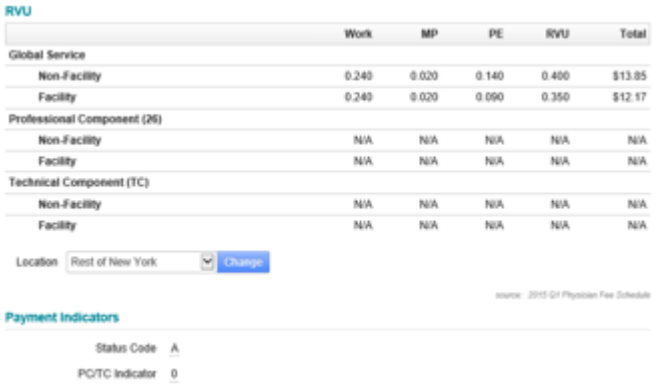
AUDITING & COMPLIANCE TIP

Auditing Smoking Cessation Services: Who Can Perform and Bill These Services?

This is an audit tip that expands on one we offered last year. There have been multiple requests for us to illustrate the specific types of providers who can bill for smoking cessation services. Specifically, we have been asked whether a registered nurse can perform such services. The short answer is no, but it took some digging to arrive at our conclusion. In fact, it required extensive knowledge of the Medicare Physician Fee Schedule. Please see the information below as it relates to CPT code 99406:



RVU

	Work	MP	PE	RVU	Total
Global Service					
Non-Facility	0.240	0.020	0.140	0.400	$13.85
Facility	0.240	0.020	0.090	0.350	$12.17
Professional Component (26)					
Non-Facility	N/A	N/A	N/A	N/A	N/A
Facility	N/A	N/A	N/A	N/A	N/A
Technical Component (TC)					
Non-Facility	N/A	N/A	N/A	N/A	N/A
Facility	N/A	N/A	N/A	N/A	N/A

Location: Rest of New York — Change

source: 2015 Q1 Physician Fee Schedule

Payment Indicators

Status Code: A

PC/TC Indicator: 0

The PC/TC Indicator of "0" reflects a physician's professional service and the "5" Indicator reflects an "incident to" service (one that can be provided by auxiliary/ancillary staff employed by the physician when provided under direct supervision). The fee schedule shows that the cessation codes are time-based codes that are intended for use by the MD/DO or NPP, not ancillary personnel. Below, you will find more information as it relates the cessation codes for both auditing and coding clarification.

CMS allows for two "quit attempts" per year, with up to four sessions per attempt. Because the smoking cessation codes are time-based, proper documentation of time in the medical record is crucial. Furthermore, in addition to time being documented, providers must be careful when reporting CPT codes G0436/G0437 or 99406/99407 along with E/M codes (e.g. 99213). Smoking cessation, preventive (G0436 for 3-10 minutes and G0437 for greater than 10 minutes) are reserved for patients who lack signs or symptoms of tobacco-related disease. Medicare Part B will pay for these services when certain conditions of coverage are met. The ICD-9 diagnosis codes that should be reported for these individuals are 305.1 (non-dependent tobacco use disorder) or V15.82 (history of tobacco use).

Again, CMS states that each patient gets a maximum of two quit attempts with four cessation sessions each **for a total maximum benefit of up to eight sessions per year**. An E/M service is only supported in addition to the cessation code if modifier 25 is appended to indicate that a "significant, separately identifiable" service was performed.

While auditing these types of service for our clients, we find the most common mistakes to be that the appropriate ICD-9 codes are not properly "linked" to the individual codes, or that the time spent in counseling is not specifically documented. Remember that once ICD-10-CM is implemented, the diagnosis codes that must be linked will change.

Refer to the following codes for ICD-10 application:
Z72.0 -Tobacco use (ICD-9-CM equivalent 305.1)
Z87.891 -History of tobacco use (ICD-9-CM equivalent V15.82)

Resources:
CMS http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM7133.pdf
2015 MPFS payment files

Today's tip provided by:

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John Burns is a valuable NAMAS team member who provides training and education across the country. John is also a Senior Consultant for our parent organization DoctorsManagement, providing onsite practice consulting for coding, billing, auditing, and compliance.

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